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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MANCHIN FOR WEST VIRGINIA PO BOX 5202 ADDRESS (number and street) (Check if address is changed) **CHARLESTON** 25361 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jack.rossi44@gmail.com (Check if address is changed) Optional Second E-Mail Address charlie@joemanchinwv.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.joemanchinwv.com (Check if address is changed) DATE 27 2022 C00486563 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Rossi, Jack, , , Type or Print Name of Treasurer Rossi, Jack, , , [Electronically Filed] Date 06 27 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

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	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the car information below.)	ndidate
	Name of Candidate MANCHIN, JOE, , , III	
	Party Affiliation DEM Sought: House Senate President	State WV
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	janization is a:
	Corporation Corporation w/o Capital Stock Labor Organia	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1	

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٧	Vrite or Type Committee Name	R WEST VIRGINIA	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
	MANCHIN VICTORY	* FUND	
		DO DOV 44000	
	Mailing Address	PO BOX 11926	
		CHARLESTON	25339
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	ve Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in	n possession of committee
	Rossi, Jack	,,,	
	Full Name		
	Mailing Address	P.O. Box 5202	
		Charleston	25361
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; a ssistant treasurer).	and the name and address of
	Full Name Rossi, Jack	,,,	
	of Treasurer		
	Mailing Address	P.O. Box 5202	
		Charleston	25361
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

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	Full Name of Designated Agent		
	Mailing Address		
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Ittle or Position •	Telephone number	
-		Depositories: List all banks or other depositories in which the committee deposits funds, hotes or maintains funds.	lds accounts, rents
	Name of Bank, D	epository, etc.	
		JPMorganChase Bank N.A.	
	Mailing Address	707 Virginia Street, East	
		Charleston WV 25301	<u> </u>
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
		United Bank	
	Mailing Address	500 Virginia Street East	
		Charleston WV 25322	
		CITY ▲ STATE ▲	ZIP CODE ▲

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				_
5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	MANCHIN LEADE	RSHIP FUND		
	Mailing Address	PO BOX 5202		
		1		
		CHARLESTON	WA	25361
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	- Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY		
3.	Full Name	CITY A	STATE ▲	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the intains funds.	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Summi	CITY CITY Tele ries: List all banks or other depositories in which the intains funds. It Community Bank	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the intains funds. It Community Bank	STATE A	ZIP CODE A

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n). Joint Fundraisi r	ig Participant:			
1		FE	EC ID number	С
2.		FE	EC ID number	С
3.			EC ID number	С
4.		FE .	EC ID number	С
ame of Any Connected	Organization, Affiliated Commit	tee, Joint Fundraising	g Representative	e, or Leadership PAC Spor
<u> </u>				
Mailing Address				
	1			1
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Comr	nittee Joint Fund	raising Representa	ative Leadership PAC S
	d Organization Affiliated Comm		raising Representa	ative Leadership PAC S
	_		raising Representa	ative Leadership PAC S
esignated Agent: Identif	_		raising Representa	Leadership PAC S
esignated Agent: Identif	_		raising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone numb	er – optional)	raising Representa	
esignated Agent: Identif	y by name, address (phone numb	er – optional)		
esignated Agent: Identif	y by name, address (phone numb	er – optional)	raising Representa	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone numb	er – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or m	y by name, address (phone numb	er – optional) Telepho	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or m ame of Bank, Comm	y by name, address (phone numb	er – optional) Telepho	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or m ame of Bank, Comm	y by name, address (phone numb	er – optional) Telepho	STATE A	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, Commerce prository, etc.	y by name, address (phone numb	er – optional) Telepho	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, Commerce of Bank, epository, etc.	y by name, address (phone numb	er – optional) Telepho	STATE A	ZIP CODE A

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5(g)	or(h). Joint Fundraisi n	g Participant:			
	1		FEC I	D number	C
	2.		FEC I	D number	C
	3		FEC I	D number	C
	4		FEC I	D number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Jo	int Fundraising Re	epresentative	e, or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Joint Fundraisir	ng Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – op	otional)		
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone I	Number	
9.	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address		in which the comm	nittee deposit	s funds, holds accounts, rents
		Fairmont		WV	26554
		CITY ▲		STATE ▲	ZIP CODE ▲

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safety deposit boxes or ma		other depositories in whic	Telephone Number	ts funds, holds accounts, rents
Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	intains funds. Capital Markets L	other depositories in whic		ts funds, holds accounts, rents
Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	intains funds. Capital Markets L	other depositories in whic		ts funds, holds accounts, rents
Banks or Other Depositor safety deposit boxes or ma	intains funds.	other depositories in whic		ts funds, holds accounts, rents
Banks or Other Depositor				ts funds, holds accounts, rents
	ries: List all banks or			ts funds, holds accounts, rents
TITLE OR POSITION			Telephone Number	
TITLE OR POSITION		I		
	▼	JII =	SIAIL	I I I I I
		CITY A	STATE A	ZIP CODE A
Mailing Address				
Full Name				
Designated Agent: Identify	by name, address (μ	phone number - optional)		
Connected	I Organization Af	filiated Committee Jo	int Fundraising Represent	tative Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
Mailing Address				
Name of Any Connected	Organization, Affiliat	ed Committee, Joint Fun	draising Representativ	e, or Leadership PAC Sponso
4.			FEC ID number	С
3			FEC ID number	C
			FEC ID number	С
1			FEC ID number	C